Covid-19

Updated Guidance
&
Frequently Asked Questions
January 6, 2022

What are the signs and symptoms of Covid-19?

Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. If you experience any of the listed signs or symptoms, begin isolation and seek covid-19 testing.

Where can I find PCR testing?

Visit https://www.mass.gov/info-details/find-a-covid-19-test to locate a testing center near you.

Does the town have a supply of antigen tests for residents?

Not at this time. We will promote the availability of antigen tests via social media, town websites, etc., once they are received.

Where can I get my vaccine/booster?

Visit https://www.vaccines.gov/search/ to find available appointments for vaccines or boosters. Town wide clinics will be promoted as they are scheduled.

I tested positive for Covid-19; now what?

- Monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately.
- Do not travel during your isolation period.
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Take steps to improve ventilation at home, if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- Wear a well-fitting mask when you need to be around other people.
- Alert those you have been in close contact with 48 hours prior to symptoms or test results of positive test
- Isolate for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms or positive test. Day 1 is the first full day after your symptoms developed or positive test. You can leave isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. You should continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days.

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I have been identified as a close contact; what do I do now?

If you come into close contact with someone with COVID-19, you should quarantine if you are in one of the following groups:

- You are ages 18 or older and completed the primary series of recommended vaccine, but have not received a recommended booster shot when eligible.
- You received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot.
- You are not vaccinated or have not completed a primary vaccine series.

You do NOT need to quarantine if you are in one of the following groups:

- You are ages 18 or older and have received all recommended vaccine doses, including boosters and additional primary shots for some immunocompromised people.
- You are ages 5-17 years and completed the primary series of COVID-19 vaccines.
- You had confirmed COVID-19 within the last 90 days (you tested positive using a viral test).

How do I quarantine?

- Stay home and away from other people for at least 5 days (day 0 through day 5) after your last contact with a person who has COVID-19. The date of your exposure is considered day 0. Wear a well-fitting mask when around others at home, if possible.
- For 10 days after your last close contact with someone with COVID-19, watch for fever (100.4◦F or greater), cough, shortness of breath, or other COVID-19 symptoms .
- If you develop symptoms, get tested immediately and isolate until you receive your test results. If you test positive, follow isolation recommendations.
- If you do not develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.
    - If you test negative, you can leave your home, but continue to wear a well-fitting mask when around others at home and in public until 10 days after your last close contact with someone with COVID-19.
    - If you test positive, you should isolate for at least 5 days from the date of your positive test (if you do not have symptoms). If you do develop COVID-19 symptoms, isolate for at least 5 days from the date your symptoms began (the date the symptoms started is day 0).

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Who is considered a close contact?

Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period?

What can I do to protect myself, my family, and my friends?

Get Vaccinated

- Authorized COVID-19 vaccines can help protect you from COVID-19.
- You should get a COVID-19 vaccine as soon as you can.

Wear a mask

- Everyone 2 years or older who is not fully vaccinated should wear a mask in indoor public places.
- In general, you do not need to wear a mask in outdoor settings.
    - In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated.
- People who have a condition or are taking medications that weaken their immune system may not be fully protected even if they are fully vaccinated. They should continue to take all precautions recommended for unvaccinated people, including wearing a well-fitted mask, until advised otherwise by their healthcare provider.
- If you are fully vaccinated, to maximize protection and prevent possibly spreading COVID-19 to others, wear a mask indoors in public if you are in an area of substantial or high transmission.

Wash your hands

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.

Cover coughs and sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

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What are some treatment options if I test positive for Covid-19?

Treatments used for COVID-19 should be prescribed by your healthcare provider. People have been seriously harmed and even died after taking products not approved for COVID-19, even products approved or prescribed for other uses.

Your healthcare provider might recommend the following to relieve symptoms and support your body's natural defenses:

- Taking medications, like acetaminophen or ibuprofen, to reduce fever
- Drinking water or receiving intravenous fluids to stay hydrated
- Getting plenty of rest to help the body fight the virus

Your healthcare provider might recommend that you receive investigational treatment if you are at high risk of disease progression.

- The FDA has issued EUAs for a number of investigational monoclonal antibodies that can attach to parts of the virus. These antibodies could help the immune system recognize and respond more effectively to the virus. The NIH COVID-19 Treatment Guidelinesexternal icon provide information about these drugs and describe what is known about their effectiveness. If used, they should be administered as soon as possible after diagnosis and within 10 days of symptom onset. Your healthcare provider will decide whether these investigational treatments are appropriate to treat your illness.

Treatment in the Hospital

- **Slowing the virus.** Antiviral medications reduce the ability of the virus to multiply and spread through the body.
- **Reducing an overactive immune response**. In patients with severe COVID-19, the body's immune system may overreact to the threat of the virus, worsening the disease. This can cause damage to the body's organs and tissues. Some treatments can help reduce this overactive immune response.
- **Treating complications**. COVID-19 can damage the heart, blood vessels, kidneys, brain, skin, eyes, and gastrointestinal organs. It also can cause other complications. Depending on the complications, additional treatments might be used for severely ill hospitalized patients, such as blood thinners to prevent or treat blood clots.
- **Supporting the body's immune function**. Plasma from patients who have recovered from COVID-19—called convalescent plasma—can contain antibodies to the virus. This could help the immune system recognize and respond more effectively to the virus, but currently the NIH COVID-19 Treatment Guidelinesexternal icon find there is not enough evidence to recommend these treatments.

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Do masks actually work?

Human Studies of Masking and SARS-CoV-2 Transmission

- A large, well-designed cluster-randomized trial in Bangladesh in late 2020 found that surgical or cloth mask distribution, role-modeling, and active mask promotion tripled mask use to 42.3% in intervention villages compared to 13.3% in comparison villages. In villages receiving mask interventions, symptomatic seroprevalence of SARS-CoV-2 was reduced by approximately 9% relative to comparison villages. In villages randomized to receive surgical masks, symptomatic seroprevalence of SARS-CoV-2 was significantly lower (relative reduction 11.1% overall). The results of this study show that even modest increases in community use of masks can effectively reduce symptomatic SARS-CoV-2 infections (COVID-19).[37]
- A study of an outbreak aboard the USS Theodore Roosevelt, an environment notable for congregate living quarters and close working environments, found that use of face coverings on-board was associated with a 70% reduced risk of infection.[38]
- In a study of 124 Beijing households with ≥ 1 laboratory-confirmed case of SARS-CoV-2 infection, mask use by the index patient and family contacts before the index patient developed symptoms reduced secondary transmission within the households by 79%.[39]
- A study examining SARS-CoV-2 secondary attack rates among eight public K-12 school districts in Massachusetts (70 schools with >33,000 enrolled students) during the 2020–21 school year found an unadjusted secondary attack rate of 11.7% for unmasked versus 1.7% for masked interactions.[40]
- A retrospective case-control study from Thailand documented that, among more than 1,000 persons interviewed as part of contact tracing investigations, those who reported having always worn a mask during high-risk exposures experienced a greater than 70% reduced risk of acquiring infection compared with persons who did not wear masks under these circumstances.[41]
- During July 15–August 31, 2021, when Delta was the predominant strain circulating in the U.S., about one in five K–12 public non-charter schools open for in-person learning in Maricopa and Pima Counties, Arizona, experienced a school-associated outbreak. Outbreaks were three and a half times more likely (adjusted odds ratio 3.5, 95% confidence interval 1.8-6.6) in schools without mask mandates.[42]
- In a nationwide analysis of data collected during July 1-September 4, 2021, U.S. counties without school mask requirements experienced larger increases in pediatric COVID-19 case rates (18.53 per 100,000 per day more cases) after the start of school compared with counties with school mask requirements.[43]
- An investigation of a high-exposure event in the U.S., in which 2 symptomatically ill hair stylists interacted for an average of 15 minutes with each of 139 clients during an 8-day period, found that none of the 67 clients who subsequently consented to an interview and testing developed infection. The stylists and all clients universally wore masks in the salon as required by local ordinance and company policy at the time.[44]

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Do masks actually work (continued)?

- Investigations involving infected passengers aboard flights longer than 10 hours strongly suggest that masking prevented in-flight transmissions, as demonstrated by the absence of infection developing in other passengers and crew in the 14 days following exposure.[45, 46]

At least ten studies have confirmed the benefit of universal masking in community level analyses: in a unified hospital system,[47] a German city,[48] two U.S. states,[49, 50] a panel of 15 U.S. states and Washington, D.C.,[51, 52] as well as both Canada[53] and the U.S.[54-56] nationally. Each analysis demonstrated that, following directives from organizational and political leadership for universal masking, new infections fell significantly. Two of these studies[51, 52] and an additional analysis of data from 200 countries that included the U.S.[56] also demonstrated reductions in mortality. Another 10-site study showed reductions in hospitalization growth rates following mask mandate implementation.[54] A separate series of cross-sectional surveys in the U.S. suggested that a 10% increase in self-reported mask wearing tripled the likelihood of stopping community transmission.[57] An economic analysis using U.S. data found that, given these effects, increasing universal masking by 15% could prevent the need for lockdowns and reduce associated losses of up to $1 trillion or about 5% of gross domestic product.[52]

Two studies have been improperly characterized by some sources as showing that surgical or cloth masks offer no benefit.[58,59] A community-based randomized control trial in Denmark during 2020 assessed whether the use of surgical masks reduced the SARS-CoV-2 infection rate among wearers (personal protection) by more than 50%.[58] Findings were inconclusive,[58] most likely because the actual reduction in infections was lower. The study was too small (i.e., enrolled about 0.1% of the population) to assess whether masks could decrease transmission from wearers to others (source control). A second study of 14 hospitals in Vietnam during 2015 found that cloth masks were inferior to surgical masks for protection against clinical upper respiratory illness or laboratory-confirmed viral infection.[59] The study had a number of limitations including the lack of a true control (no mask) group for comparison, limited source control as hospitalized patients and staff were not masked, unblinded study arm assignments potentially biasing self-reporting of illness, and the washing and re-use of cloth masks by users introducing the risk of infection from self-washing. A follow up study in 2020 found that healthcare workers whose cloth masks were laundered by the hospital were protected equally as well as those that wore medical masks.[60]

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Do masks actually work (continued)?

Experimental and epidemiologic data support community masking to reduce the spread of SARS-CoV-2, including alpha and delta variants, among adults and children. The prevention benefit of masking is derived from the combination of source control and wearer protection. The relationship between source control and wearer protection is likely complementary and possibly synergistic, so that individual benefit increases with increasing community mask use. Mask use has been found to be safe and is not associated with clinically significant impacts on respiration or gas exchange under most circumstances, except for intense exercise. The limited available data indicate no clear evidence that masking impairs emotional or language development in children. Further research is needed to assess masks, particularly to identify the combinations of materials that maximize both their blocking and filtering effectiveness, as well as fit, comfort, durability, and consumer appeal.

(Source: https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html)